



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**



Davy Crockett Tower
500 James Robertson Pkwy., 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

ATTENTION:

_____ has granted this office permission to investigate his/her credit with your bank.

I request that you take a few minutes to complete the enclosed credit check and return it to the above address, Attention: Retail Department. Your assistance in this matter is appreciated.

Sincerely,

Alcoholic Beverage Commission

WITH PERMISSION OF:

Applicant signature

Name of Retail Package Store

Name of Financial Institution

Account Number

Date

Subscribed and Sworn to me on this _____ day of _____, 20__

My Commission Expires: _____

Notary Signature

**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**



Davy Crockett Tower
500 James Robertson Pkwy., 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

One Commerce Street
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434

CREDIT CHECK

Name of Applicant

DBA

Address

City

State

Zip

PLEASE ANSWER ALL QUESTIONS IN DETAIL

1. What is the nature of the bank's relationship to the applicant?

2. How long has this relationship existed? Date opened:

3. Is this a joint account?

Type

Co-account owners name

Address

Relationship

4. Is anyone else authorized to sign on this account? If yes, please list name, address and relationship:

5. Does the applicant have other account(s) with this bank? _____

If so, COMPLETE THIS SECTION:

Type of Account _____

Name account listed under _____

Estimate the average balance _____

Authorized signature(s) _____

Date opened _____

Is this a joint account (s)? _____

6. List any outstanding loans with this bank and balance:

7. Has/Will the applicant secure any financial assistance from this bank regarding this business?

Confirm the Amount _____

Is there a co-signer? _____

Is collateral used/required? _____

List collateral & value _____

8. Give applicant credit rating with your bank _____

9. List any additional information you wish to furnish about the applicant:

This Credit Check information was furnished by:

Name of Bank

Address

City

State

Zip

()

Telephone Number

Name of Official (Print)

Title

Signature of Official

Date

Again, THANK YOU for your time and attention to this request. Please return to the address on the cover letter.